

Declaration/payroll authorisation

I confirm I have been actively at work in my usual occupation for a period of eight consecutive weeks prior to my intended commencement of cover date (normal annual holiday entitlement may be ignored) and that I have not had more than 14 days' absence through illness and/or injury during the last 12 months.

Or, if you are unemployed (applicable to spouse/partner only), I confirm that I have been fully fit and active for a period of eight weeks prior to my intended commencement of cover date and that I have not suffered from illness or injury for more than 14 days in total during the last 12 months.

I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

I confirm I am not in receipt of any ongoing treatment or care (including check-ups or regular medication) for any accident, illness or medical condition.

I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

I confirm I have not had any application for insurance declined, postponed or subject to an increased premium or other special terms and that I have not previously made any claim for critical illness or sickness insurance.*

I understand that if this declaration is found to be untrue then my insurance will be invalidated and my scheme membership will be cancelled with no return of premiums.

Applicant name:

.....

Signature:

.....

Date: / /

*If you are unable to sign the declaration above, please complete a fully underwritten application form which is available from the LPF Trusts office.

Member name:

.....

I authorise the payroll department to deduct the appropriate subscription from my salary.

Member signature:

.....

Date: / /

Your completed form should be returned to the LPF Trusts office.

Nomination of beneficiary:

In the event of my death while a subscribing member of this scheme, I hereby nominate (insert name),

.....
my (insert relation to member)

.....
as my beneficiary.

If you wish to nominate more than one beneficiary, please write the details on a separate piece of paper and send to the LPF Trusts office with this completed form.

LPF Trusts

Suite B, Lancaster House,
Grange Business Park,
Enderby Road, Whetstone,
Leicestershire LE8 6EP

T: 0116 275 9930

E: groupinsurance@lpf-trusts.co.uk

W: lpf-trusts.co.uk



Group Insurance Scheme

Application form

GROUP INSURANCE SCHEME

Serving member to age 65

| | |
|---|------------------|
| Life insurance | £100,000 |
| Terminal prognosis advance on life insurance* | 20% |
| Permanent total disablement (due to accident) | £100,000 |
| Loss of use of eye, limb or hearing (due to accident) | £100,000 |
| Loss of hearing in one ear (due to accident) | £25,000 |
| Permanent partial disablement | Included |
| On duty HIV infection | £100,000 |
| Hospitalisation benefit up to seven nights | |
| Accident/incident/injury | £28 per night |
| Temporary total disablement | |
| Max 104 weeks (ex first 7 days) | £28 per week |
| Dental Injury & Emergency | Member & partner |
| Family accident | Included |
| Reg 28 sick pay benefit** | |
| Half pay (for up to 26 weeks) | 20% scale pay |
| No pay (for up to 26 weeks) | 50% scale pay |
| Critical illness | £10,000 |
| Child critical illness | £2,500 |
| Child death grant | £2,000 |
| Family travel policy | Worldwide |
| Legal expenses and ID theft protection | Included |
| Motor breakdown cover (UK & Europe) | Member & partner |
| Mobile phone cover | Member & partner |
| CALENDAR MONTHLY PREMIUM | £25.00 |

Cohabiting partner to age 65

| | |
|---|--------------|
| Life insurance | £50,000 |
| Terminal prognosis advance on life insurance* | 20% |
| Critical illness | £10,000 |
| CALENDAR MONTHLY PREMIUM | £7.80 |

*Terminal prognosis advance only available for members aged 63 and under.

** Cover not available for members of the Special Constabulary.

LPF TRUSTS PRIVACY STATEMENT

Here at LPF Trusts we take your privacy seriously and will only use your personal information to administer your membership and to provide the services that you have requested from us.

How do we collect information from you?

We will collect personal information about you when you join the Scheme and register a claim. We also obtain personal information from the contracted providers of your services such as the Medical Facility at which you are treated and the underwriter of your insurance policy.

What type of information is collected?

We collect personal information such as your name, address, contact information and personal medical information pertaining to your claims.

How will we use this information?

We use the information provided to administer your membership and to provide the services you have requested from us. We will never pass on your information to any other external organisation for the purpose of marketing.

Scheme Marketing and Updates

We will never pass on your personal information to any other organisation for the purpose of marketing; however, from time to time we would like to contact you with details of internal promotions special offers and upcoming events. If you consent to us contacting you for this purpose, please tick the relevant boxes to say how you would like to be contacted:

Post Email Telephone SMS/Text Message

We will contact you with any updates or changes to the service provided as part of your membership.

How to contact us

Please contact us if you have any questions about our privacy policy or information we hold about you.

LPF Trusts, Lancaster House, Grange Business Park,
Enderby Road, Whetstone, Leicester LE8 6EP

Our full Privacy Policy can be found on our website lpf-trusts.co.uk

APPLICATION FORM

Please tick as appropriate:

Police officer
Spouse/partner of police officer

Member's name:

Police staff member
Spouse/partner of police staff member

Member's name:

Special Constabulary member
Spouse/partner of Special Constabulary member

Member's name:

SECTION 1. PERSONAL DETAILS

For police officers and police staff, payment is made by payroll deduction.
Members of the Special Constabulary should complete a direct debit form available from the LPF Trusts office

Name of employer:

Full name: Mr/Mrs/Miss/Ms/Other (please state)
(Please circle as appropriate)

Home address:

Postcode:

Home telephone:

Work telephone:

Mobile telephone:

Home email:

Exact description of job:

Date employment began with current employer: / /

Date of birth: / /

Place of birth:

Marital status:

Member's payroll number: